

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas  
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4507 1-800-852-3345 Ext. 4507  
Fax: 603-271-3991 TDD Access: 1-800-735-2964

José Thier Montero  
Director

### Application for Licensure

(Please check which application you are applying for.)

☐ Lead Risk Assessor ☐ Lead Inspector

Type or print clearly in **INK**; attach all required documentation; and sign the application.  
All sections of the application must be filled in. The signature must be in ink.  
Photocopies of the signed form are **NOT** acceptable.

#### I. APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Date of Birth	Social Security Number	(For Identification Purposes Only)
Mailing Address		Apt. #
City	State	Zip Code
Phone Number	Email	
<input type="checkbox"/> Check the box if your training is not from a New Hampshire certified training provider: Reciprocity under the provisions of He-P 1603.02.		

#### II. EMPLOYER INFORMATION (This information will be used on identification card.)

Employer Name		
Employer Mailing Address		Suite #
City	State	Zip Code
Employer Phone		
Employer Fax	Email	

### III. LICENSING HISTORY

**Yes No (Please check the appropriate box.)**

		Have you previously applied for a Lead Risk Assessor or Lead Inspector certificate in the State of New Hampshire? If "Yes", please give: Date of last application: _____												
		Have you ever held a New Hampshire Lead Risk Assessor or Lead Inspector certificate? If "Yes", please list: Date of last licensure: _____ License number: _____												
		Are you a licensed, certified, or permitted as a Lead Risk Assessor or Lead Inspector in any state other than New Hampshire? If "Yes" please list and <u>attach a copy with this application</u> :												
		<table border="1"> <thead> <tr> <th>State</th> <th>Licensure or Certification Date</th> <th>License or Certificate Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	State	Licensure or Certification Date	License or Certificate Number									
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**Yes No (Please check the appropriate box.)**

		Are there any pending or complete state, federal or local enforcement actions (i.e. Notice of Violation, Administrative Orders, Consent Decrees, Notice of Permit Revocation or Denial, or Civil or Criminal Actions) against you, which resulted from, lead base substance abatement or inspection activities within the past 10 years? If "Yes", please explain:

### IV. TRAINING INFORMATION

Please complete the section below and attach documentation of the certified Lead Risk Assessor or Lead Inspection training courses you have completed and attach a copy with this application.

Course Title	Training Provider	Date of Completion	Exam Grade

**Yes No (Please check the appropriate box.)**

		Have you taken a third party examination for Lead Risk Assessors or Lead Inspectors? If Yes: On what date? ____/____/____
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**V: CHECKLIST OF REQUIRED DOCUMENTATION**

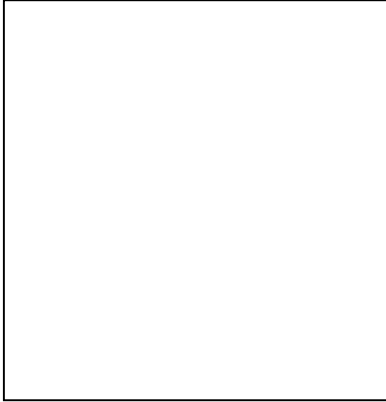
	<u>Reciprocity Applicants</u> <ul style="list-style-type: none"> <li>➤ Provide originals or photocopies of licenses, certificates, or other documents; and</li> <li>➤ List all licenses, certificates or other documents in <b>Training Information</b> section above.</li> <li>➤ Provide proof of receiving a score of 70 or greater on a third party examination for Lead Risk Assessor or Lead Inspectors.</li> </ul>
	Attach a current, clear and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back of the photograph.
	Provide official academic transcripts, certificate of completion for training and documentation of mentorship, under a NH licensed Risk Assessor, detailed in He-P 1603.07. <u>Applications will not be processed until all information has been received.</u>
	Make check or money order payable to "Treasurer, State of NH" in the licensing fee amount of the appropriate discipline. (Risk Assessor \$200, Lead Inspector \$75)

**VI: MAILING INSTRUCTIONS**

Send completed application to the following address:

New Hampshire Department of Health & Human Services (NH DHHS)  
 Division of Public Health Services  
 Childhood Lead Poisoning Prevention Program (CLPPP)  
 29 Hazen Drive  
 Concord, NH 03301  
 ATTN: Lead Licensing  
 PHONE: 603-271-4507  
 E-MAIL: [vshallow@dhhs.state.nh.us](mailto:vshallow@dhhs.state.nh.us) or [rmalcolm@dhhs.state.nh.us](mailto:rmalcolm@dhhs.state.nh.us)

**VII: PHOTOGRAPH:** Affix (glue, staple, or tape) a recent passport type picture here.



**VIII: NOTARIZATION:**

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
 \_\_\_\_\_ (Applicant's name) personally appeared before me,  
 who being duly sworn says that she/he is the person referred to in the foregoing  
 application and that the photograph attached hereto is a true picture of self and that the  
 statements made herein are true in every respect.

\_\_\_\_\_  
***Signature of Applicant***

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_  
***Signature of Notary Republic***

\_\_\_\_\_  
***My Commission expires***

**IX: STATEMENT OF COMPLIANCE**

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1603.03) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

**Application Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_